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h. Sponsors with dependent parents or parents-in-law, step parents or parents-by-adoption need to be aware they are responsible for payment of medical and dental bills for services received outside the MTF and DTF.

i. The entire suitability screening process is completed within 30 days of receipt of orders. Notify the transferring command if a delay is anticipated beyond 30 days. The transferring command is required to notify NAVPERSCOM if the results of screening are pending.

j. The MTF shall maintain a dialog with transferring commands and the PSD to facilitate the immediate referral of service and family members for suitability screening upon receipt of orders. Ongoing communication will ensure prompt reporting for suitability screening and help prevent service and family members from arriving in the later part of the 30-day period with the expectation that the MTF will expedite screening.

k. Completion of suitability screening within 30 days of receipt of orders is dependent on cooperation and coordination among and between the people involved in the process to include the service member, the transferring command, PSD, SSC, and MTF/DTF staff. The MTF should consider implementing memoranda of agreement with procedures for:

(1) The transferring command or PSD to provide a list of service and family members who require suitability screening to the SSC as soon as orders are received.

(2) The transferring command or PSD to provide service and family members with a copy of enclosure (7) which lists the information and documents required for suitability screening.

(3) The transferring command or PSD to set up an appointment with the MTF for preliminary screening to obtain necessary direction, forms, and appointments.

(4) The SSC to notify the transferring command or PSD when service and family members fail to show up for scheduled screening or appointments.

## 2. Limited Duty and Physical Evaluation Boards

a. Currently, some LIMDU personnel who are reevaluated and found fit for full duty are made available for orders, receive orders to sea duty, and then fail suitability screening. This situation results in additional workload and cost for the Navy and uncertainty and consternation for the service member.

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b. All LIMDU personnel who are reevaluated and found fit for duty will undergo suitability screening before availability for orders of any kind. The results of suitability screening are forwarded to the servicing PSD and a copy placed in the medical record and LIMDU file. The PSD, in coordination with NAVPERSCOM, will use this information to determine assignment availability of the service member.

c. Any shaded block checked on NAVMED 1300/1 (enclosure 8) could indicate a potential problem in completing either an overseas or operational assignment. Even though the location of the next assignment is not known, the intent of this "generic screen" is to identify general limitations which will provide useful information to detailers in making assignment decisions. For example, the generic screen might indicate "not suitable unless assigned to a command with a medical officer."

d. A similar situation can occur with a PEB. A service member found unsuitable for overseas, remote or operational duty may have their case referred to a PEB. If the PEB finds the member "fit for continued Naval service," the MTF will forward both the suitability and PEB findings to NAVPERSCOM for review. A repeat suitability screen is not required.

e. To assist the PEB, providers will include a definitive statement in the medical board narrative detailing how the service member's medical condition adversely impacts the safe, reliable, and proficient performance of his or her Navy Enlisted Classification (NEC) or Navy Officer Billet Classification (NOBC) that they would likely be assigned.

### 3. Remote Duty Locations in the United States

a. Enclosure (3) lists remote duty locations that require suitability screening.

b. Service members, with SSC or EFMP coordinator assistance, when required, are responsible for coordinating the early intervention and special education needs of family members with local civilian agencies or school systems that provide these services.

c. Commands desiring inclusion on the remote duty list should submit a request with justification to NAVPERSCOM (NPC-6) via BUMED (MED-31).

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4. Operational Assignments (Sea or Field Duty)

a. There are conditions which carry a significantly higher risk for unsuccessful completion of a full operational tour. These include knee problems, lower back pain, other bone, cartilage, or tendon ailments, cardio-respiratory ailments such as coronary insufficiency and asthma, pregnancy, and psychological conditions including adjustment disorders, depression, psychosis, and substance abuse or dependence.

b. All conditions, subacute or chronic, which require recurrent or frequent medical or dental visits, chronic medication need, behavior which may impact good order and discipline and physical and emotional attributes must be considered. Failure to recognize the incompatibility of a service member's medical condition in a specific operational environment will inevitably lead to the exacerbation of the condition and, if not outright loss, at the least a decreased reliability and efficacy.

c. Operational platforms rely on organic medical capabilities for a significant portion of their operational cycle. For that reason it is of particular importance that the screening MTF determine:

(1) The level of medical expertise available to the service member while deployed, for example, IDC, physician assistant, general medical officer or board certified medical officer, and dental officer.

(2) The level of ancillary capabilities while deployed such as laboratory, x-ray, pharmacy, physical therapy services, etc.

(3) The physical environment while deployed such as temperature fluctuations, ladders, operations tempo (op tempo), etc.

d. Even if a service member is deemed fit for continued service by a PEB or after LIMDU, the screening MTF must:

(1) Clearly communicate any special need or ongoing support requirements to the medical representative of the receiving operational platform per procedures in paragraph 11d.

(2) Request a direct assessment as to the platform's ability to support such requirements.

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## 5. Civilian Employees

### a. Per reference (o):

(1) DoD civilian employees are selected for positions outside the United States based on job requirements and merit factors. The fact that a civilian employee has a dependent child with early intervention, special education, or related services requirements or a family member with medical needs can not be the basis for non-selection for a position.

(2) DoD civilian employees will identify dependent children with early intervention, special education or related services requirements and family member with medical needs each time they process for an assignment to a location outside the U.S. where family member travel is authorized at Government expense.

(3) Emphasis must be placed on providing the civilian selectee with comprehensive medical, dental and educational information on the overseas community where the position is located, so that the selectee can make an informed choice about accepting the position. Civilian employees must also be informed of any immunization requirements for the overseas location.

b. The SSC will assist the cognizant human resources office (HRO) or civilian personnel office (CPO) with the identification and processing of civilian employees and their family members.

c. Civilian employees and their family members are not enrolled in the EFMP.

## 6. Infants and Toddlers and Preschool and School-Age Children with Disabilities

a. Per reference (p), infants and toddlers (birth through age 2) and preschool and school-age children (ages 3 to 21 inclusive) with disabilities have a statutory entitlement to services overseas under IDEA. Failure to provide these services places DoD at risk for non-compliance with the statute. Close coordination is essential for this group.

b. Per reference (o), family travel and command sponsorship can not be denied due to the non-availability of EIS, special education, or MRS deemed necessary to the education of a family member since these are statutory entitlements under the IDEA. It can be denied when medical care deemed necessary to the health of a family member is not available.

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c. For infants and toddlers receiving or eligible to receive EIS, ensure EIS requirements are coordinated with the local EDIS program at the gaining MTF. EIS requirements are specified in the infant's or toddler's IFSP.

d. For preschool and school-age children receiving or eligible to receive special education, to include related services or MRS, ensure requirements are coordinated with the regional DoDDS special education coordinator and local EDIS program at the gaining MTF. Special education requirements are specified in the student's IEP. Enclosure (4) lists DoDDS special education coordinators worldwide.

e. Stateside SSCs are encouraged to develop a comprehensive database containing local special education points of contact with telephone and telefax numbers for facilitating timely completion of the Special Education Worksheet, NAVPERS 1754/4.

f. Refer all infants, toddlers, or children who are receiving services specified in an IFSP or IEP for enrollment in the EFMP.

#### 7. Special Concerns for Women

a. Per reference (1), all active duty women require an annual health maintenance examination which includes, but is not limited to the following:

- (1) Pap smear.
- (2) Pelvic examination.
- (3) Breast examination.
- (4) Blood pressure measurement.

b. Annual health maintenance examinations are encouraged for family members 18 years or older, or if sexually active.

c. References (1) and (m) provide policy on mammography. A baseline mammogram should be offered to all women at age 40. A baseline mammogram at age 35 is appropriate for women identified as high risk. A screening mammogram should be offered to all women every 1 to 2 years between the ages of 40 and 49, and yearly for all women age 50 or older.

d. References (i), (j), and (k) provide policy on pregnancy. Service members who suspect pregnancy, must obtain prompt confirmation and inform their commanding officer.

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e. Pregnancy screening (verbal inquiry) is required for all female service members. At the discretion of the medical provider, a pregnancy test may be administered.

f. Pregnant service members are unsuitable:

(1) If scheduled to detach and arrive overseas during the third trimester (after the 28th week). However, they may detach from an overseas duty station in the third trimester with medical authorization for travel.

(2) At any stage of pregnancy if the overseas or remote duty location does not have the capability to address anticipated complications.

(3) At any stage of pregnancy for dependents-restricted tours.

(4) At any stage of pregnancy for sea or field duty.

g. Airlines may not allow a pregnant woman to travel after the 34th week.

h. Suitability screening is conducted at approximately 8 weeks post partum, when the infant is immunized and the mother and infant can be safely screened.

#### 8. Procedures for Preliminary Screening

a. Enclosure (5) contains a reference guide for the required forms used for suitability screening and EFMP enrollment. Enclosure (6) contains a summary of suitability screening requirements.

b. The SSC shall:

(1) Provide the service member with a copy of the Medical, Dental, and Educational Suitability Screening Checklist and Worksheet (NAVMED 1300/2) (enclosure (7)).

(2) Assist service and family members with obtaining the required information and documents.

(3) Complete a NAVMED 1300/2 for each service and family member screened.

(4) Review the information and documents provided, preferably with the service and family members present, and

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verify they are complete and current. If discrepancies are noted, assist service and family members with correcting the discrepancies. Annotate the review on NAVMED 1300/2.

(5) Assist in scheduling required appointments for examinations, tests, or immunizations. Reference (q) provides guidance on immunization requirements. Ensure results are placed in the military health record.

(6) Retrieve medical information from the CHCS and include with the screening documents.

(7) If feasible, schedule service and family members together for medical and dental screening. Provide information on MTF/DTF locations, hours, telephone numbers, etc.

(8) Provide a target date for completing medical, dental, and educational screening and instruct the service member to report problems in meeting the target date. Screening is completed within 30 days of receipt of orders. Screening is not complete until all tests, evaluations (including specialty consultations), and suitability inquiries and determinations are received and documented.

(9) Advise service member that orders may be held in abeyance until screening is completed and delays may affect the amount of leave in transit.

(10) Notify the transferring command or servicing PSD:

(a) When a delay is anticipated beyond the 30-day period. Provide the reason and estimated date of completion.

(b) When a service or family member fails to report for scheduled screening or appointments.

(11) Coordinate screening conducted by non-Navy MTF/DTF staff.

9. Procedures for Medical Screening. MTF providers responsible for suitability screening shall:

a. Interview service and family members together when feasible.

b. Review NAVMED 1300/2, SF 93, military and civilian health records, narrative summaries of inpatient admissions, results of

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tests and procedures, and current health and duty status for each person screened. Enclosure (6) summarizes screening requirements.

c. Complete a NAVMED 1300/1, Part I, for each service and family member screened. Ensure all potentially disqualifying impairments or conditions are noted such as acute or chronic medical, dental, or mental health concerns, home health services, or conditions requiring recurrent or continuing access to specialized medical care. Use additional pages if required.

d. Compare information, when appropriate, with patient data from the CHCS, especially medical requirements, dispensed medications, and radiology and laboratory results. If discrepancies are noted or documentation is lacking, screening can not be completed.

e. In coordination with the SSC, schedule examinations, screenings, tests, or immunizations if currently indicated or if due by the transfer date. Reference (q) provides guidance on immunization requirements.

f. Notify the SSC and, if necessary, the transferring command if the target date can not be met.

g. For operational assignments, refer to special concerns and requirements in paragraph 4 of this enclosure.

h. For infants and toddlers or children with disabilities, refer to special concerns and requirements in paragraph 6 of this enclosure.

i. For women, refer to special concerns and requirements in paragraph 7 of this enclosure.

j. Consult with the pharmacy department to review required medications, especially those taken chronically. The pharmacy department will:

(1) Assist in determining the availability of required medications at the gaining MTF or operational pharmacy.

(2) Dispense, by prescription, sufficient quantities for the en route period of transfer or period needed by the gaining pharmacy to obtain the required medications (up to 180 days).

(3) Assist with obtaining medications through the National Mail Order Pharmacy Program. The web address for the pharmacy program is: [www.dscp.dla.mil/medical/pharm/nmop](http://www.dscp.dla.mil/medical/pharm/nmop).



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k. For service or family members with a history of alcohol or substance abuse or dependence:

(1) Ensure the condition, dates of aftercare, and names of health care providers and counseling and assistance centers are in the health record.

(2) Determine if rehabilitation or aftercare will be completed by the transfer date. If not, provide a recommendation to the transferring command.

l. For service or family members with a history of mental health or behavioral disorders:

(1) Review information on diagnosis, type of care (inpatient or outpatient), period of treatment, medications used in treatment, and narrative summaries. Specific information on episodes of care during past 12 months is necessary.

(2) Ensure an evaluation by a psychiatrist, psychologist, or appropriate provider if:

(a) An episode of inpatient psychiatric treatment occurred in the past year.

(b) An exacerbation occurred which did not result in hospitalization, but produced a disability lasting longer than 3 days.

(c) Currently undergoing evaluation or treatment for a mental disorder, as defined by the DSM-IV.

(d) Two or more significant outpatient interventions were required in the past year. Treatment is not considered significant if it involved:

1. Brief treatment for marital problems, bereavement, or mild, short-term adjustment disorders.

2. Psychotherapy or counseling averaging less than once per week for less than 90 days.

3. Taking medications of low toxicity (e.g., Prozac, Zoloft, or Paxil) for less than 90 days. However, service or family members who were on these medications should be evaluated for subclinical depression or anxiety which is likely to be exacerbated by an overseas, remote duty or operational assignment.

(e) A family member is identified with Attention Deficit-Hyperactivity Disorder (ADHD). Family members with ADHD are suitable if:

1. Taking medication (e.g., Ritalin or Cylert) for the condition.
2. The condition is well-controlled and stable.
3. The medication and any behavioral support can be managed by a primary care physician at the gaining MTF.
4. The child can be managed in a regular classroom or, if enrolled in special education, required special education and EDIS resources are available.

m. Refer to or consult with other clinical specialties, as required. If a disagreement over suitability occurs, seek an additional specialist's opinion, review the case with the Director of Clinical Services or senior medical officer or consult an appropriate specialty leader. Ensure the person understands the nature of the environment and medical resource limitations at the assignment location. Refer to BUMED (MED-31) for final resolution if agreement is not reached.

n. Determine if the service and family members are suitable or unsuitable for transfer or if a suitability inquiry is required with the gaining MTF. Inform the SSC of the need for a suitability inquiry.

o. Sign NAVMED 1300/1, Part I. The MTF provider's signature denotes accountability for a complete and thorough suitability screening for each service and family member. Do not sign NAVMED 1300/1 until the suitability inquiry is completed and all requirements for screening are met.

p. If otherwise suitable:

(1) Ensure a 30-day minimum supply of required medications. A 180-day supply may be required for medications which are not normally stocked at overseas, remote duty, or operational locations. Obtain an adequate supply of over-the-counter medications because they may not be commercially available.

(2) Advise service and family members that home nebulizers, walkers, wheelchairs, and other durable equipment are not always available in overseas locations and should be procured before transfer.

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(3) Advise service and family members to obtain extra supplies, replacement batteries for appliances, glasses, etc.

q. For service members found unsuitable:

(1) If the unsuitable determination is based on a readily corrected constraint of the assignment, such as assignment to a ship with a medical officer vice one with an IDC, recommend an alternate assignment to the transferring command.

(2) If the unsuitable determination is based on the service member's general inability to perform the duties of his or her grade or rate, or to meet the anticipated requirements of future assignments ashore or at sea, refer the service member to an appropriate medical specialty. The medical specialist, in coordination with the transferring command, will consider either a TLD board or a MEB. The MEB forwards the findings to the PEB for adjudication.

(3) If a condition precludes a worldwide assignment anticipated to last beyond 60 days, the local MTF, with input from the appropriate specialty and in coordination with the member's PSD, will place the member on TLD for a period not to exceed 8 months. Approval from NAVPERSCOM (NPC-821) or Commandant, Marine Corps (CMC) (MMSR-4) is not required for this initial period of TLD. This period is devoted to intensive treatment or rehabilitation with the goal of enabling the member to deploy worldwide. Attending physicians will:

(a) Conduct a detailed treatment/rehabilitation assessment and develop a treatment or rehabilitation plan.

(b) Conduct follow-up evaluations every 2 months. At each evaluation, document objective findings of continued unsuitability, progress toward recovery (including degree of participation in his or her treatment), findings and recommendations of specialty evaluations, modifications to the treatment/rehabilitation plan, and prognosis for deploying worldwide.

(c) Obtain approval from NAVPERSCOM (NPC-821) or CMC (MMSR-4) for periods of TLD greater than 8 months.

(4) If the service member's condition can not be corrected during the initial or subsequent period of TLD and treatment, or if it is clear the condition will continually interfere with or preclude effective functioning in an operational arena or to deploy worldwide, notify the transferring or parent command and NAVPERSCOM. Subsequent to the second

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period of TLD, if appropriate, a MEB package is sent to the PEB for adjudication. If the PEB finds the member "fit to continue Naval service," NAVPERSCOM will direct the command to initiate appropriate administrative action which may include a recommendation of administrative separation.

10. Procedures for Dental Screening. DTF providers responsible for suitability screening shall:

a. Review military and civilian dental records for each service and family member to determine if an examination or treatment is required. Service members and Selected Reserve personnel require an annual dental examination. Reference (n) provides policy on dental screening. Service and family members are unsuitable for an overseas, remote duty, or operational assignment if Dental Class 3 or 4.

b. If records are not current, perform a type 2 dental examination. Dental examinations of family members performed by civilian providers within the past 6 months are considered current.

c. If no treatment is required, complete a NAVMED 1300/1, Part II, for each service and family member screened. Appropriate entries are made on SF 603, SF 603A, EZ 603.1 (trial), or EZ 603A (trial).

d. For family members examined or treated at a non-Navy dental facility, review NAVMED 1300/1, Part II, and any supporting records and determine suitability or if a reexamination by a Navy DTF is required.

e. For service members, arrange for any required treatment at a Navy DTF or elsewhere if necessary. Do not complete NAVMED 1300/1, Part II, until treatment placing them in at least dental Class 2 is completed or if the gaining DTF indicates the capability to support the service member at the new location.

f. For family members, inform them of any required treatment. Advise them to have treatment completed by a civilian dentist or at the military DTF on a standby, space-available basis. Family members enrolled in the TRICARE Active Duty Family Member Dental Plan must have treatment completed by their civilian dentist. Do not complete NAVMED 1300/1, Part II, until treatment placing them in at least Dental Class 2 is completed or if the gaining DTF indicates the capability to support the family member at the new location.

g. Ensure the SSC is notified of the estimated date for completion of treatment and informed of any delays.

h. Contact the overseas, remote duty, or operational DTF to determine the availability of follow-on care such as orthodontic care, implants, specialty prosthetics, or other potentially complex conditions.

(1) Document the contact in the dental treatment record and on NAVMED 1300/1, Part II, including the date of contact, DTF and person contacted, availability or non-availability of care, and signature of the person making the inquiry.

(2) If care is not available, annotate NAVMED 1300/1, Part II as unsuitable. Attach documentation of inquiry to the form and return to the SSC.

11. Completion of Suitability Screening. The SSC shall:

a. Ensure the NAVMED 1300/1, Part I and II, for each service and family member is complete and contains required signatures.

b. If special needs are identified, refer the service member for EFMP enrollment or update of previous enrollment. Enclosure (10) contains EFMP enrollment procedures. Also notify the transferring command. Per references (d) or (e), the transferring command submits a suitability pending message due to EFMP enrollment or update of enrollment.

c. If a shaded block is checked on NAVMED 1300/1, Part I or II, forward a suitability inquiry to the gaining MTF, DTF, or medical department supporting the operational platform. Screening is not complete without a written response. The suitability inquiry determines:

(1) If the gaining MTF/DTF or operational platform can provide the required support.

(2) The likelihood of the environment exacerbating the underlying condition to the point of exceeding support capabilities.

d. Forward the suitability inquiry to the gaining MTF via electronic communication (message or e-mail). Send especially sensitive information via a medium which adequately protects confidentially and ensures timely arrival. Use a local mailing address and not an FPO or APO address if a commercial express mail service is used. Include the following information in the suitability inquiry:

(1) Sponsor identification, family member names, and relationship to sponsor.

(2) The ICD-9-CM code for each diagnosis.

(3) Ensuring confidentiality of sensitive medical or personal information, a brief history with inpatient treatments, severity, etiology, complications, current treatment and medications, necessary supplies, appliances, special accommodations, etc.

(4) For early intervention, special education and related services requirements, forward a copy of the IFSP, IEP, or other documentation and note in the message that they were sent separately.

(5) A point of contact including voice and telefax numbers and e-mail address to facilitate two-way communication and to clarify any residual issues.

(6) If available, the EFMP category code.

e. Concurrently inform all commands listed on the service member's orders of the ongoing suitability inquiry.

f. Allow 7 working days from receipt of the inquiry for a response. Immediately follow-up if the reply is not received by the due date.

g. Ensure only MTF personnel are involved in the suitability inquiry. The SSC, medical officer, or dental officer at the gaining MTF/DTF are the designated sources of a suitability determination. Service and family members, their personal contacts, or personnel from other activities do not make suitability determinations.

h. When a reply to a suitability inquiry is received from the gaining MTF/DTF, forward the information to the medical or dental officer for completion of NAVMED 1300/1.

i. Upon completion of NAVMED 1300/1, complete and sign NAVMED 1300/2.

j. Forward the completed NAVMED 1300/1 and NAVMED 1300/2 for each service and family member and a copy of NAVPERS 1300/16, Part II to the MTF commanding officer or officer in charge. If available, indicate the EFMP category code on NAVPERS 1300/16, Part II.

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k. The MTF commanding officer or officer in charge shall review the screening forms and complete and sign NAVPERS 1300/16, Part II. Separate recommendations are made for the service member and each family member. Return NAVPERS 1300/16, Part II and screening forms to the SSC.

l. Retain a file copy of the signed NAVPERS 1300/16, Part II and forward the original to the transferring command for final suitability determination.

m. For each person screened:

(1) Place the original NAVMED 1300/1, NAVMED 1300/2, SF 93, supplemental documentation, and suitability inquiry messages in their military health record.

(2) Retain a file copy of the completed NAVPERS 1300/16, NAVMED 1300/1, NAVMED 1300/2, SF 93, supplemental documentation, and suitability inquiry messages. The retention period is 2 years after completion of screening.

12. Gaining MTF/DTF Responsibilities. The SSC at the gaining MTF/DTF or the senior medical department representative of an operational platform shall:

a. Track the suitability inquiry and reply via message to the screening MTF within 7 working days of receipt of the inquiry.

b. Upon receipt of a suitability inquiry, forward the inquiry to appropriate staff to determine if available medical, dental, or educational resources can support the special needs of the service or family member. The suitability determination is based on a variety of factors to include:

(1) The severity of the condition and the frequency and level of treatment.

(2) The medical and dental capabilities of MTF/DTF and local civilian community.

(3) The availability of ancillary, early intervention, special education and medically related services.

(4) Transportation and travel time to a medical facility or specialist.

(5) Climate and environmental conditions.